				•		
Fill	in this information to ident	ify your case:				
Uni	ited States Bankruptcy Court	for the:				
MIE	DDLE DISTRICT OF NORTH	CAROLINA				
Cas	se number (if known)		— Chapter <b>11</b>			
			_ '		☐ Check if this an amended filing	
V(	ore space is needed, attach	on for Non-Individu  a separate sheet to this form. On the tale a separate document, Instructions for	top of any addition	nal pages, write the debto	or's name and the case num	02/20 ber (if
1.	Debtor's name	Randolph Hospital, Inc.				
2.	All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names	DBA Randolph Health				
3.	Debtor's federal Employer Identification Number (EIN)	56-0530234				
4.	Debtor's address	Principal place of business		Mailing address, if d	lifferent from principal place	of
		364 White Oak Street Asheboro, NC 27203 Number, Street, City, State & ZIP Code		P.O. Box 1048 Asheboro, NC 272 P.O. Box, Number, St	204 treet, City, State & ZIP Code	
		Randolph County		Location of principa place of business	ıl assets, if different from pr	incipal
				Number, Street, City,	State & ZIP Code	
5.	Debtor's website (URL)	www.randolphhealth.org				

■ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Type of debtor

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Debtor Randolph Hospital, I		Case number (if known)					
	Name						
7.	Describe debtor's business	A. Check one:  Health Care Business (as defined in 11 U.S.C. § 101(27A))  Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  Railroad (as defined in 11 U.S.C. § 101(44))  Stockbroker (as defined in 11 U.S.C. § 101(53A))  Commodity Broker (as defined in 11 U.S.C. § 101(6))  Clearing Bank (as defined in 11 U.S.C. § 781(3))  None of the above					
		B. Check all that apply  ■ Tax-exempt entity (as described in 26 U.S.C. §501)  □ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  □ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))					
		C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.					
		See http://www.uscourts.gov/four-digit-national-association-naics-codes.					
8.	Under which chapter of the Bankruptcy Code is the debtor filing?	Check one:  Chapter 7  Chapter 9  Chapter 11. Check all that apply:  Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or af are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after the debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses in proceed under Subchapter V of Chapter 11.  A plan is being filed with this petition.  Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securitie Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934.  attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 1 (Official Form 201A) with this form.  The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b.  Chapter 12	er that). a small n ne to  es and File the				
9.	Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	■ No. □ Yes.					
	If more than 2 cases, attach a separate list.	District When Case number District When Case number					
10.	Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	■ No □ Yes.					
	List all cases. If more than 1, attach a separate list	Debtor Relationship					
	·	District When Case number, if known					

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Pebtor Randolph Hospital		I, Inc. Case number (if known)						
	Name							
11.	Why is the case filed in this district?	Check all that apply:						
	uns district?		Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.					
		□ A	bankruptcy case concerning de	btor's affiliate, general partner, or partners	hip is pending in this district.			
12.	Does the debtor own or	■ No						
	have possession of any real property or personal property that needs	☐ Yes.	Answer below for each proper	additional sheets if needed.				
	immediate attention?		Why does the property need	d immediate attention? (Check all that ap	pply.)			
			☐ It poses or is alleged to po What is the hazard?	se a threat of imminent and identifiable ha	zard to public health or safety.			
				ecured or protected from the weather.				
			☐ It includes perishable good	ds or assets that could quickly deteriorate of	or lose value without attention (for example,			
			□ Other	meat, dairy, produce, or securities-related	,			
			Where is the property?					
			where is the property:	Number, Street, City, State & ZIP Code				
			Is the property insured?	Number, Street, Oxy, State & Zii Gode				
			□ No					
			☐ Yes. Insurance agency					
			Contact name					
			Phone					
-								
	Statistical and admir	nistrative i	nformation					
13.	Debtor's estimation of	. (	Check one:					
	available funds	I	Funds will be available for dis	stribution to unsecured creditors.				
		I	☐ After any administrative expe	enses are paid, no funds will be available to	unsecured creditors.			
14.	Estimated number of	☐ 1-49		<b>1</b> ,000-5,000	□ 25,001-50,000			
	creditors	□ 50-99		☐ 5001-10,000	<b>5</b> 0,001-100,000			
		☐ 100-1		<b>1</b> 0,001-25,000	☐ More than100,000			
		□ 200-9	999					
15.	Estimated Assets		\$50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion			
			,001 - \$500,000	\$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500	,001 - \$1 million	■ \$100,000,001 - \$500 million	☐ More than \$50 billion			
16.	. Estimated liabilities ☐ \$0		\$50,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
			001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
			,001 - \$500,000	■ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion			
		□ \$500	,001 - \$1 million	☐ \$100,000,001 - \$500 million	☐ More than \$50 billion			

Debtor	Randolph Hospital, Inc. Name		Inc.	Case number (if known)		
	Request for Relief	, De	claration, and Signatures			
WARNIN			a serious crime. Making a false statement in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 35		ease can result in fines up to \$500,000 or	
of au	aration and signatur thorized esentative of debtor	-	The debtor requests relief in accordance with the chapter of title 11, United States Code, sp. I have been authorized to file this petition on behalf of the debtor.  I have examined the information in this petition and have a reasonable belief that the inform I declare under penalty of perjury that the foregoing is true and correct.  Executed on March 6, 2020 MM / DD / YYYYY   /s/ Louis E. Robichaux IV  Louis E. Robichaux		ef that the information is true and correct.	
			Signature of authorized representative of debtor  Title Chief Restructuring Officer	Time	u name	
18. Sign	ature of attorney	X	/s/ Rebecca F. Redwine Signature of attorney for debtor  Rebecca F. Redwine Printed name  Hendren, Redwine & Malone, PLLC Firm name	Date	March 6, 2020 MM / DD / YYYY	
			riiii name			

Email address

rredwine@hendrenmalone.com

NC State Bar 37012 NC

Raleigh, NC 27612 Number, Street, City, State & ZIP Code

Contact phone (919) 420-7867

Bar number and State

**4600 Marriott Drive** 

Suite 150

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## **United States Bankruptcy Court** Middle District of North Carolina

In re Randolph Hospital, Inc.			Case No.	
	D	ebtor(s)	Chapter	11
LIST (Following is the list of the Debtor's equity security hold	-	CCURITY HOLDERS		or filing in this Chapter 11 Case
Name and last known address or place of business of holder	Security Class	Number of Securities	V	find of Interest
-NONE-				
DECLARATION UNDER PENALTY OF	PERJURY ON	BEHALF OF CORP	ORATIO	N OR PARTNERSHIP
I, the <b>Chief Restructuring Officer</b> of the perjury that I have read the foregoing List of information and belief.				1 0
Date <b>March 6, 2020</b>	Signat	<sub>ure</sub> <i>/s/</i> Louis E. Robich	aux IV	
		Louis E. Robichau		

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

## **United States Bankruptcy Court** Middle District of North Carolina

In re	Randolph Hospital, Inc.		Case No.	
		Debtor(s)	Chapter	11
	CORPOR	ATE OWNERSHIP STATEMENT (	RULE 7007.1)	
recusa is a (aı	al, the undersigned counsel for Representation Repr	Procedure 7007.1 and to enable the Judeandolph Hospital, Inc. in the above cap debtor or a governmental unit, that direct interests, or states that there are no entire	otioned action, otly or indirectl	certifies that the following y own(s) 10% or more of
■ Nor	ne [Check if applicable]			
March	n 6, 2020	/s/ Rebecca F. Redwine		
Date		Rebecca F. Redwine		
		Signature of Attorney or Litiga		
		Counsel for Randolph Hospita		
		Hendren, Redwine & Malone, PL 4600 Marriott Drive	LC	
		Suite 150		
		Raleigh, NC 27612	, <del>,</del>	
		(919) 420-7867 Fax:(919) 420-047	5	

rredwine@hendrenmalone.com